

ASSEMBLY BILL

No. 1020

Introduced by Assembly Member Chesbro

February 18, 2011

An act to amend Section 1179 of the Health and Safety Code, relating to public health.

LEGISLATIVE COUNSEL'S DIGEST

AB 1020, as introduced, Chesbro. Rural health.

Existing law requires the Secretary of California Health and Human Services to establish an Office of Rural Health within the agency and sets forth its powers and duties relating to promoting a strong working relationship between state government, prescribed entities, and rural consumers and relating to developing health initiatives and maximizing existing resources without duplication. Existing law makes related findings and declarations, including, but not limited to, recognizing the need to take a comprehensive approach to strengthen and coordinate rural health programs and health care delivery systems.

This bill would make a technical, nonsubstantive change.

Vote: majority. Appropriation: no. Fiscal committee: no.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 1179 of the Health and Safety Code is
- 2 amended to read:
- 3 1179. The Legislature finds and declares all of the following:
- 4 (a) Outside of California's four major metropolitan areas, the
- 5 majority of the state is rural. In general, the rural population is

1 older, sicker, poorer, and more likely to be unemployed, uninsured,
2 or underinsured. The lack of primary care, specialty providers and
3 transportation continue to be significant barriers to access to health
4 services in rural areas.

5 (b) There is no coordinated or comprehensive plan of action for
6 rural health care in California to ensure the health of California's
7 rural residents. Most of the interventions that have taken place on
8 behalf of rural communities have been limited in scope and purpose
9 and were not conceived or implemented with any comprehensive
10 or systematic approach in mind. Because health planning tends to
11 focus on approaches for population centers, the unique needs of
12 rural communities may not be addressed. A comprehensive plan
13 and approach is necessary to obtain federal support and relief, as
14 well as to realistically institute state and industry interventions.

15 (c) Rural communities lack the resources to make the transition
16 from present practices to managed care, and to make other changes
17 that may be necessary as the result of health care reform efforts.
18 With numerous health care reform proposals being debated and
19 with the extensive changes in the current health care delivery
20 system, a comprehensive and coordinated analysis must take place
21 regarding the impact of these proposals on rural areas.

22 (d) Rural areas lack the technical expertise and resources to
23 improve and coordinate their local data collection activities, which
24 are necessary for well-targeted health planning, program
25 development, and resource development. Data must be available
26 to local communities to enable them to plan effectively.

27 (e) The Legislature recognizes the need to take a comprehensive
28 approach to strengthen and coordinate rural health programs and
29 health care delivery systems in order to *accomplish both of the*
30 *following*:

31 (1) Facilitate access to high quality health care for California's
32 rural communities.

33 (2) Promote coordinated planning and policy development
34 among state departments and between the State and local public
35 and private providers.